	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead																
Big Horn		1		5								24				
Blaine												50				
Broadwater															1	
Carbon																
Carter																
Cascade		16		25	2			1				4				
Chouteau							150					1				
Custer		9		3				9				12				
Daniels		26														
Dawson		2										1				
Deer Lodge				3			66					38			2	
Fallon		55					30									
Fergus																
Flathead				5					1				1			
Gallatin		3		3	1						1	157				
Garfield																
Glacier				10	1							27				
Golden Valley																
Granite		20										10				
Hill				5			30	1				29				
Jefferson							40									
Judith Basin																
Lake		8		3			81					19	1			
Lewis & Clark		41		8	4		50		1		5					
Liberty							34					9		3		
Lincoln										1						
McCone																
Madison																
Meagher																
Mineral				1			35					3				
Missoula		8		22			2					7				
Musselshell																
Park																
Petroleum																
Phillips							35									
Pondera							39					13				
Powder River		3		2			20									
Powell																
Prairie																
Ravalli												1				
Richland		12														
Roosevelt		2		12	1		2					36		1		
Rosebud		3		1								9				
Sanders																
Sheridan		5														
Silver Bow		1		5	1							68	1			
Stillwater		2					137					8				
Sweet Grass							3									
Teton				1								49				
Toole		1						1				26				
Treasure																
Valley												41		1		
Wheatland												12				
Wibaux																
Yellowstone		2		38	5											
TOTALS THIS MONTH																
1979	0	220	0	152	15	0	754	12	2	2	6	674	3	5	3	0
1978	1	152	0	174	30	0	567	2	0	4	0	515	4	2	1	0
1977	0	57	0	171	21	0	104	114	0	0	3	300	2	0	0	3
REPORTED TO DATE																
1979	0	220	0	152	15	0	754	12	2	2	6	674	3	5	3	0
1978	1	152	0	174	30	0	567	2	0	4	0	515	4	2	1	0
1977	0	57	0	171	21	0	104	114	0	0	3	300	2	0	0	3

Other Reportable Diseases: 1 Amebiasis-Gallatin; 2 Giardia-Roosevelt; 1 Pertusis-Hill; 1 Syphilis Primary & 1 Secondary-Lake; 1 Syphilis Secondary-Blaine

Late Reports: Hepatitis (8-Roosevelt, 3-Lewis & Clark, 1-Missoula, 1 serum-Missoula); Encephalitis (1-Missoula); Rubella (1-Gallatin); Aseptic Meningitis (1-Yellowstone

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January
1979

Montana
(USPS 397 830)
Morbidity Report

VOL: 3:1 MONTH OF: JANUARY 1979

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MEASLES

An outbreak of Measles in Miles City has resulted in at least nine cases of measles (rubeola). Three have been serologically confirmed in the State Laboratory. All were in school-age children.

The Custer County Health Department has been vigorous in assessing the immunization status of all children in the Miles City schools, and has been successful in ensuring that over 90% of children in grades K through 8 have been immunized. Efforts continue to reach the remaining 10% of these children and the 30% of high-school students who have no evidence of immunization.

Interscholastic events of all kinds (basketball, speech and drama, music etc) are the main mode of spread of measles throughout the state. Local health departments and school administrators should work together to ensure that at least the participants in these events are up to date on all their immunizations.

We would like to thank physicians and nurses for their prompt reporting this year of suspected mealses cases. The number is 1-800-332-2288.

NOTE The province of Alberta has reported 977 cases of measles for January - 783 in Calgary, 63 in Lethbridge, 47 in Drumheller. Children travelling to Alberta should be immune against measles.

INFLUENZA

A wave of influenza spread through much of the state in mid-January, affecting almost entirely persons under age 25 and causing school absenteeism up to 30 to 40% in affected schools for several days at a time. Illness was generally fairly mild, with sudden onset of fever, malaise, myalgias, and frequently cough or sore throat. Relatively few patients were hospitalized, presumably because of the generally healthy nature of the population affected.

Twenty-four persons had sero-conversions to an influenza virus of the H1N1 type. This will probably turn out to be similar to the A/Brazil and A/California variants of the A/USSR virus that have been prevalent over much of the U.S. All but 3 of these sero-conversions were in persons between the ages of 12 and 24; the other three were aged 31, 4, and 6.

Two residents of Boulder River State School and Hospital sero-converted to both influenza A (H1N1) and parainfluenza type 3, and a third resident was infected with parainfluenza type 3 only.

In Helena, a brother and sister aged 4 and 6 both sero-converted to respiratory syncytial virus (RSV) after an illness in mid-January; the 4-year-old also converted to influenza A (H1N1).

A six-year-old from Anaconda and an 83-year-old man from rural Phillips County sero-converted to parainfluenza type 3. Finally, a 25-year-old man from Havre had a febrile illness with myalgia, arthralgia and chills in early January and sero-converted to adeno virus.

REYE'S SYNDROME AND INFLUENZA

Outbreaks of Reye's Syndrome have been reported form Colorado, Utah, New Mexico, and Michigan in association with influenza A outbreaks. Studies are in progress in those states.

In Montana 5 cases of Reye's syndrome have been reported in January. One was fatal. Two were from Butte, two from Helena, and one from Whitehall. Efforts are being made to obtain virologic diagnosis on all these cases.

We would like to urge physicians knowing of other Reye's syndrome cases this winter to let this office know, at 1-800-332-2288 or 449-2645.

	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead				1	1							2				
Big Horn		1		4	1		15					29				
Blaine												12				
Broadwater												4				
Carbon																
Carter																
Cascade		9		33	1					1		1	1			
Chouteau							65					2				
Custer		23		3								20				
Daniels																
Dawson												2				
Deer Lodge						2	185					14				
Fallon																
Fergus				1												
Flathead		1		2			15					4				
Gallatin		2		2	2						2	42				
Garfield																
Glacier				4				1				34				
Golden Valley																
Granite		20										6				
Hill				11								16		1		
Jefferson																
Judith Basin																
Lake		14		1			97					10				
Lewis & Clark		4		1							3	4				
Liberty												6				
Lincoln				1								5				
McCone																
Madison																
Meagher																
Mineral							22					4				
Missoula		3		21								2				
Musselshell																
Park																
Petroleum																
Phillips																
Pondera																
Powder River																
Powell																
Prairie																
Ravalli																
Richland		10										127				
Roosevelt		1		18	8	3						10				
Rosebud				5								1				
Sanders																
Sheridan																
Silver Bow				4	1		13				1	29	1			
Stillwater							7					14				
Sweet Grass		26														
Teton												7				
Toole												4				
Treasure																
Valley				6												
Wheatland												45				
Wibaux																
Yellowstone	1	1		16							1	1				
TOTALS THIS MONTH	1	115	0	134	15	5	417	1	0	1	7	456	2	1	0	0
1977																
1976	1	145	0	195	33	6	987	0	0	3	2	555	1	7	3	0
1975	0	58	0	154	12	3	115	178	0	1	1	352	2	1	5	0
REPORTED TO DATE																
1977	1	346	1	419	43	7	1234	17	2	5	21	1150	10	7	5	0
1976	2	352	1	466	99	7	1181	26	1	7	6	1308	7	10	15	0
1975	0	188	0	393	36	4	295	485	0	2	5	883	6	1	5	7

Other Reportable Diseases: Giardia-1 Rosebud, 1 Blaine, 1 L&C, 1 Roos., 1 Meagher, 3 Msla. Pertussis- 1 Valley; Amebiasis- 1 Pondera, 1 L&C; Secondary Syphilis-1 Gallatin.

Delayed January Reports: Rubella- 1 L&C, 1 Msla.; Hepatitis A- 1 Gallatin, 1 Cascade; Hepatitis B- 1 Deer Lodge; Pertussis- 1 Hill; Salmonella- 1 Gallatin; TB- 1 Big Horn, 1 Flathead.

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GONORRHEA
CDC Recommended Treatment Schedules,* 1979

Note: Physicians are cautioned to use no less than the recommended dosages of antibiotics. The major change from the 1974 published treatment schedule is that there are now 4 drug regimens which can be used for the treatment of uncomplicated gonorrhea.

UNCOMPLICATED GONOCOCCAL INFECTIONS IN MEN AND WOMEN

Drug Regimens of Choice

Aqueous procaine penicillin G (APPG): 4.8 million units injected intramuscularly at 2 sites, with 1.0g of probenecid by mouth. **OR**

Tetracycline hydrochloride+: 0.5 g by mouth 4 times a day for 5 days (total dosage 10.0g). Other tetracyclines are not more effective than tetracycline hydrochloride. All tetracyclines are ineffective as a single-dose therapy. **OR**

Ampicillin or amoxicillin: Ampicillin, 3.5g, or amoxicillin, 3.0g, either with 1g probenecid by mouth. Evidence shows that these regimens are slightly less effective than the other recommended regimens.

Patients who are allergic to the penecillins or probenecid should be treated with oral tetracycline as above. Patients who cannot tolerate tetracycline may be treated with spectinomycin hydrochloride, 2.0g, in 1 intramuscular injection.

Special Considerations

Single-dose treatment is preferred in patients who are unlikely to complete the multiple-dose tetracycline regimen. The APPG regimen is preferred in men with anorectal infection.

Pharyngeal infection is difficult to treat. High failure rates have been reported with ampicillin and spectinomycin.

Tetracycline treatment results in fewer cases of postgonococcal urethritis in men. It may eliminate coexisting chlamydial infections in men and women.

Patients with incubating syphilis (seronegative, without clinical signs of syphilis) are likely to be cured by all the above regimens except spectinomycin. All patients should have a serologic test for syphilis at the time of diagnosis.

Patients with gonorrhea who also have syphilis or are established contacts of syphilis patients should be given additional treatment appropreate to the stage of syphilis.

Treatment of Sexual Partners

Men and women exposed to gonorrhea should be examined, cultured, and treated at once with one of the regimens above.

Follow-Up

Follow-up cultures should be obtained from the infected site(s) 3-7 days after completion of treatment. Cultures should be obtained from the anal canal of all women who have been treated for gonorrhea.

Treatment Failures

The patient who fails therapy with penicillin, ampicillin, amoxicillin, or tetracycline should be treated with 2.0g of spectinomycin intramuscularly.

Most recurrent infections after treatment with the recommended schedules are due to reinfection and indicate a need for improved contact tracing and patient education. Since infections by penicillinase (B-lactamase)-producing Neisseria gonorrhoeae is a cause of treatment failure, posttreatment isolates should be tested for penicillinase production.

Not Recommended

Although long-acting forms of penicillin (such as benzathine penicillin G) are effective in syphilotherapy, they have NO place in the treatment of gonorrhea. Oral penicillin preparations such as penicillin V are not recommended for the treatment of gonococcal infection.

Note: The complete recommended treatment schedules include sections on penicillinase-producing Neisseria gonorrhoeae, treatment in pregnancy, acute salpingitis (pelvic inflammatory disease), acute epididymitis, disseminated gonococcal infection, and childhood disease that are not reproduced here. The full text is printed in MMWR, January 19, 1979.

	Aseptic Meningitis	Chicken Pox	Encephalitis (Total)	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza-like Disease	Measles	Meningococcal Disease	Mumps	Rubella	Strep Infection Scarlet Fever	Salmonella	Shigella	Tuberculosis	Animal Rabies
Beaverhead																
Big Horn				10			3					10		1		
Blaine				3								22			1	
Broadwater																
Carbon																
Carter																
Cascade		25		35		1		9								
Chouteau							20	1								
Custer		39		4								8				
Daniels																
Dawson												5				
Deer Lodge		1						1				1				
Fallon																
Fergus																
Flathead		4		11								1				
Gallatin				6			21					20				
Garfield																
Glacier				5				2			1	10			1	
Golden Valley																
Granite		3										3				
Hill		10		12	1						1	35			1	
Jefferson																
Judith Basin																
Lake		2		2								8				
Lewis & Clark		6		8		1					6	8				
Liberty				1			6					1				
Lincoln		3														
McCone																
Madison																
Meagher																
Mineral				1			6					1				
Missoula		14		14								3				
Musselshell								1								
Park																
Petroleum																
Phillips																
Pondera							25									
Powder River																
Powell		2										119	1			
Prairie																
Ravalli		3		1			30					10				
Richland				2												
Roosevelt		2		9								18			1	
Rosebud		2		4												
Sanders																
Sheridan																
Silver Bow				5			11					23				
Stillwater																
Sweet Grass																
Teton																
Toole												1				
Treasure																
Valley				5								24	1			
Wheatland																
Wibaux																
Yellowstone				38									3			
TOTALS THIS MONTH																
1979	0	116	0	176	1	2	122	14	0	0	8	331	5	1	4	0
1978	0	87	0	135	21	2	358	8	0	0	5	403	3	1	4	0
1977	0	102	0	146	6	1	147	332	0	1	1	413	2	0	0	7
REPORTED TO DATE																
1979	1	457	1	565	45	8	1301	29	2	5	29	1500	15	18	10	0
1978	2	386	1	515	113	8	1910	30	1	7	7	1473	7	10	17	0
1977	0	217	0	471	39	5	366	624	0	2	5	1065	6	1	5	10

Other Reportable Diseases: 3 Amebiasis- (1)Silver Bow, (1)Lewis & Clark, (1) Yellowstone; 4 Giardia- (1)Blaine, (1)Hill, (2)Roosevelt; 1 Pertussis- Hill; 2 Syphilis- Missoula.

Delayed Reports: 1 Rubella- Deer Lodge; 5 Tuberculosis- (1)Bighorn, (2)Glacier, (2)Yellowstone.

Montana Morbidity Report

(USPS 397 830)

VOL: 3:3 MONTH OF: MARCH 1979

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MEASLES IN GREAT FALLS

As of 4/11/79, 15 measles cases had been reported in Great Falls since early March. Five were in school-age children, the rest in preschoolers. At least three were hospitalized.

Investigation is continuing to try to ascertain the source of infection for several apparently unrelated cases.

This is a good time for Great Falls physicians to 1)check the measles immunization status of every child they see up to the age of 18, 2)consider measles in febrile rash illnesses, and report same as measles suspects to Adrienne Gue, RN, at City-County Health or this Bureau.

A few reminders about measles immunization:

1) optimal age is 15 months.
2) children immunized before 12 months of age should be reimmunized.
3) children immunized with killed vaccine, or with live attinuated vaccine plus gamma globulin, should be reimmunized.
4) a good rule of thumb, if the vaccine used is not known for sure, is to reimmunize children immunized before 1/1/67.

MEASLES IN GERALDINE

Six cases of measles have occurred in children at Geraldine School. One was serologically confirmed. The index case was probably infected during a Boy Scout jamboree in Lethbridge, Alberta in early March.

MEASLES IN ALBERTA

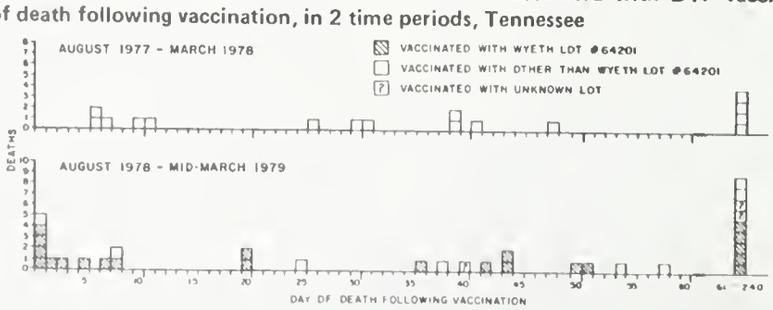
Almost 4000 cases of measles have been reported to Alberta provincial health authorities since November, 1978. 1627 cases occurred in the four weeks ending 3/24/79. Most cases have been in and around Calgary.

DTP VACCINATION AND SUDDEN INFANT DEATH SYNDROME

There has been much publicity about DTP immunization and SIDS. A few pertinent facts follow:

1) The current concern is only over one lot of one manufacturer's vaccine (Wyeth lot 64201).
2) In extensive controlled studies, DTP vaccine has never been shown to be associated with SIDS.
3) Studies in Tennessee and other states are continuing. DTP immunization is a common event and might well precede SIDS fairly often by chance alone; but there was an increase in SIDS occurring within 3 days of Wyeth 64201 DTP vaccination in Tennessee (6 cases in August 1978-March 1979).
4) 5000 doses of the implicated lot were distributed in Montana starting in late August; in early March, the remaining 1000 doses were recalled successfully.
5) No cases of SIDS associated with this lot have yet been brought to our attention in Montana. (Tennessee had 6 such deaths after almost 100,000 doses of that lot had been administered.)
6) Full data are in MMWR of March 23 and 30, 1979.

FIGURE 1. Sudden deaths in infants known to be vaccinated with DTP vaccine, by day of death following vaccination, in 2 time periods, Tennessee


AUGUST 1977 - MARCH 1978
VACCINATED WITH WYETH LOT #64201
VACCINATED WITH OTHER THAN WYETH LOT #64201
VACCINATED WITH UNKNOWN LOT
AUGUST 1978 - MID-MARCH 1979
DEATHS
DAY OF DEATH FOLLOWING VACCINATION

Cases of Communicable Diseases as reported by date of onset for the month of April, 1979

	ASEPTIC MENINGITIS	CHICKENPOX	ENCEPHALITIS (total)	GONORRHEA	HEPATITIS INFECTIOUS	HEPATITIS SERUM	INFLUENZA-LIKE DISEASE	MEASLES	MENINGOCOCCAL DISEASE	MUMPS	RUBELLA	STREP INFECTION SCARLET FEVER	SALMONELLA	SHIGELLA	TUBERCULOSIS	ANIMAL RABIES
BEAVERHEAD																
BIG HORN		8		12			2					15	5			
BLAINE				3								13				
BROADWATER																
CARBON				1												
CARTER																
CASCADE		1		27	3			10			1	2		28		
CHOUTEAU							40	2								
CUSTER		13		3								4				
DANIELS																
DAWSON				1								2				
DEER LODGE		2					27					4	1			
FALLON																
FERGUS				1			10									
FLATHEAD		2		6					1							
GALLATIN		2		5								60				
GARFIELD																
GLACIER				11	1							12				
GOLDEN VALLEY																
GRANITE		8										6				
HILL				6								15				
JEFFERSON																
JUDITH BASIN																
LAKE		23		3			36					59				
LEWIS & CLARK				2							3					
LIBERTY																
LINCOLN		7					7		1			18				
McCONE																
MADISON																
MEAGHER																
MINERAL												29				
MISSOULA		5		17							4	1				
MUSSELSHELL																
PARK																
PETROLEUM																
PHILLIPS																
PONDERA														1		
POWDER RIVER																
POWELL												22		1		
PRAIRIE																
RAVALLI												5				
RICHLAND																
ROOSEVELT		2		6								15		1		
ROSEBUD		2		11												
SANDERS																
SHERIDAN							3									
SILVER BOW				4			6					46				
STILLWATER																
SWEET GRASS																
TETON																
TOOLE				2								4				
TREASURE																
VALLEY				1								8				
WHEATLAND																
WIBAUX																
YELLOWSTONE		42	1	22	2								5			
TOTALS THIS MONTH																
1979	0	117	1	144	6	0	131	12	2	0	8	340	11	31	0	0
1978	0	94	0	224	12	3	201	48	1	0	1	414	8	6	2	0
1977	0	110	0	145	3	1	136	212	0	1	0	254	3	1	7	0
REPORTED TO DATE																
1979	2	268	2	663	49	8	1423	47	4	5	40	1793	20	42	11	0
1978	2	480	1	739	125	11	2119	78	2	7	8	1887	15	16	19	0
1977	0	390	0	642	42	6	556	885	2	3	7	1450	9	2	12	10

OTHER REPORTABLE DISEASES: Giardia: (1)Hill, (1)Lake, (1)Powell; Amebiasis: (1)Lake; Pertussis: (5)Hill.

DELAYED REPORTS: Hepatitis A: (1)Glacier, (3)Roosevelt; Measles: (2)Cascade, (2)Choteau; Aseptic Meningitis: (1)Carbon; Rubella: (1)Gallatin, (1)Missoula; Giardia: (1)Lewis & Clark; Tularemia: (1)Carbon

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SHIGELLA IN GREAT FALLS

27 confirmed cases of Shigella sonnei infection occurred in Great Falls between April 13 and May 1.

The first 14 of these cases had all eaten at a particular Great Falls restaurant between 33 and 86 hours before onset (mean 58 hours). All had eaten foods including raw salad. Investigation of the restaurant on April 20 showed generally good food-handling practices, but four employees had worked while they had diarrhea, between April 10 and April 19. Cases had eaten at the restaurant between April 10 and April 14.

None of the employees, or food samples collected on April 20, were positive for Shigella sonnei. This should not be too surprising, since contamination of food at the restaurant apparently stopped after April 14. The management did, however, agree to keep foodhandlers ill with diarrhea off the job until their stool cultures were negative.

Of the remaining twelve Shigella sonnei cases in Great Falls, three can be traced by person-to-person spread to cases associated with the original restaurant, one was exposed to an undiagnosed case of febrile diarrhea, three have no evident source, and six may be associated with a second restaurant which is now under investigation.

In general, all cases of Shigella infection need to be interviewed, preferably by the local health department, about possible sources of infection and to be sure they are not potential spreaders of the infection. High-risk occupations include food-handlers, medical and nursing home personnel, and persons caring for small children.

The evidence from the literature is quite good that treatment of persons infected with Shigella (but not Salmonella) will decrease the period of illness and decrease the period of infectiousness.

FOOD-POISONING IN HARLEM

An outbreak of acute diarrheal illness, with abdominal cramps but little or no fever or vomitting, occurred in and around Harlem on April 4. The attack rate was over 60% in persons who had eaten Indian tacos prepared for a special occasion, and negligible in the rest of the residents of the town.

Mean incubation period for the illness was 10 hours, and duration about 12 hours.

Given the clinical picture and the incubation period, likely causes were Bacillus cereus and Clostridium perfringens. In fact both organisms were isolated from heavily contaminated food samples. Neither agent can be definitively incriminated, however, because only two ill persons had stool cultures, and these were negative at a local laboratory. What would have been needed was multiple stool specimens on ill and well Harlem residents within 24 hours of the start of the outbreak, processed at a laboratory that can identify both Bacillus cereus and Clostridium perfringens.

The investigation of the outbreak was marked by gratifyingly close cooperation between the Indian Health Service and county sanitarians, along with personnel from the Preventive Health Services Bureau.

SALMONELLA OUTBREAK IN BILLINGS

Twelve out of sixteen participants in an Indian Studies Class at Eastern Montana College in Billings became ill with fever, diarrhea, and abdominal cramps within a few hours of each other in late April. All had shared a potluck meal of traditional Indian dishes 24 hours previous.

At least six of those ill had stool cultures positive for Salmonella, group D.

Sanitarians from Yellowstone and Big Horn counties worked with Preventive Health Services Bureau staff to try to elucidate the source of the outbreak. Unfortunately, because the attack rate was very high and all participants had eaten at least some of almost every dish, no particular food item could be implicated epidemiologically. It seems likely, however, that the food was contaminated during preparation rather than because of a commercial product, since no other cases of Salmonella group D infection have been reported from that part of the state.

	Aseptic Meningitis	Chickenpox	Encephalitis - total	Giardia	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza	Measles	Meningococcal Disease	Mumps	Pertussis	Rabies in Animals	Rubella	Salmonella	Shigella	Strep Infections	Tuberculosis
Beaverhead																		
Big Horn		14			4	1		3									26	2
Blaine					3												42	
Broadwater																		
Carbon																		
Carter																		
Cascade		3		1	19	1										15	1	
Choteau								61										
Custer		14															9	
Daniels																		
Dawson				1														
Deer Lodge		8						28									4	
Fallon																		
Fergus																		
Flathead		3			3										1		4	
Gallatin					4	1									2		27	
Garfield																		
Glacier					11	1											29	
Golden Valley																		
Granite																		
Hill				1	3			1				1				1	14	
Jefferson																		
Judith Basin																		
Lake		29			4												26	
Lewis & Clark		7		1	10	5				1				3				
Liberty																		
Lincoln																		
McCone																		
Madison																		
Meagher																		
Mineral																		
Missoula		29			28											1		
Musselshell																		
Park																		
Petroleum																		
Phillips																		
Pondera					2												1	
Powder River																		
Powell																	13	
Prairie																		
Ravalli								18									17	
Richland					1													
Roosevelt					1													
Rosebud					4													
Sanders																		
Sheridan														1				
Silver Bow					5			18	6								37	
Stillwater																		
Sweet Grass																		
Teton																	6	
Toole															1			
Treasure					2													
Valley				1	2												26	
Wheatland																		
Wibaux																		
Yellowstone		13			37	3												
TOTAL THIS MONTH																		
1979	0	120	0	5	147	12	0	129	6	1	0	1	0	5	3	17	282	2
1978	0	25	0	NA	137	3	0	44	16	0	2	NA	0	3	2	22	124	3
1977	1	51	0	NA	125	8	2	123	137	0	0	NA	8	1	3	0	358	6
REPORTED TO DATE																		
1979	2	688	2	23	817	82	8	1552	53	4	5	10	0	55	28	69	2075	13
1978	2	545	1	NA	876	128	11	2163	94	2	9	NA	2	11	17	38	2111	22
1977	1	441	0	NA	767	50	8	679	1021	2	3	NA	18	8	12	2	1808	18

Other Reportable Diseases: 4 Q fever - Richland County; 1 Rocky Mountain Spotted Fever - Flathead.
DELAYED REPORTS: 1 Colorado Tick Fever - Ravalli; 1 Shigella - Cascade; 9 Rubella - (4)Cascade, (1)Granite, (2)Lincoln, (1)Pondera, (1)Ravalli; 15 (Inf.)Hepatitis - (1)Judith Basin, (4)Lewis & Clark, (10)Yellowstone.

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May 1979

MONTANA MORBIDITY REPORT

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HEPATITIS "A" OUTBREAK AMONG DEVELOPMENTALLY DISABLED

An outbreak of Hepatitis A resulted in cases in 6 clients of two sheltered workshops in Helena. Residents of five group and two convalescent homes were affected.

On March 19, a 45-year-old man, residing at "R" House, and attending PI, was diagnosed as Hepatitis. ISG was recommended for "R" House residents only.

No other Hepatitis A cases were suspected until May 12, when two men from "O" House and "D" House became jaundiced, were hospitalized, and found to have Positive IgM acute phase serum for Hepatitis A. On May 16, the 4th case, a 23-year-old woman from "O" House was hospitalized with jaundice. She too had positive IgM, acute phase serum for Hepatitis A.

The administration of ISG was recommended for 38 clients and 15 staff members of the first sheltered workshop. This was accomplished on May 16, within the 1-2 week exposure period, when ISG is most effective.

On May 22, a 5th client became jaundiced. This 41-year-old man resides in a convalescent home with a total population of 60. 12 patients on his ward were identified as being at risk and each received 2ml ISG. 30 staff members also received ISG at this time.

On May 26, the 6th client became jaundiced, was hospitalized, and found to have positive IgM serum for Hepatitis A. This patient had received ISG on May 17. Although he resided at "D" House and was the second case there, he attended a different sheltered workshop (HRI) than the other five cases.

Close personal contact was found to be less at HRI, so ISG was not recommended for that group. Emphasis was placed on improving attention to good handwashing techniques after bathroom use and before eating.

Although the incubation period for Hepatitis A can be as long as 50 days, 28-30 days is the average. Therefore, it is unlikely that the March 19 case, 53 days previously, was the source for the May outbreak. The decision to give ISG is based on assessing the possible Hepatitis A exposure. If the exposure could result in infection, ISG should be given.

IgM antibodies to Hepatitis A are a useful new tool for the diagnosis of jaundiced patients, especially in populations such as this one where both Hepatitis A and Hepatitis B are common. A positive Hepatitis B antigen in serum of a resident of a home for the developmentally disabled may indicate infection at some time in the distant past, not the cause of current illness.

Tests for IgG antibodies to Hepatitis A (which indicate immunity) and for IgM antibodies to Hepatitis A (which indicate current active infection) are available through Met Path and, on request, through the Montana State Laboratory.

MEASLES IMPORTATIONS INTO MONTANA - 1977-1979

In the period December 1977-March 1979, 24 measles outbreaks, accounting for 120 cases, were investigated in Montana. In 11 of the outbreaks at least 1 case was serologically confirmed as being measles. A definite or epidemiologically probable index case could be identified in 20 of the outbreaks, which had a total of 63 cases. The mean age of the index patients was 14 years.

In only 8 of these 20 outbreaks-accounting for 23 cases-was the index patient infected in Montana. The remaining 40(63.5%) cases were associated with index patients whose infection occurred in another country or state. Although only 4 of the 20 outbreaks involved military personnel or dependents as index patients, these 4 outbreaks accounted for more than 40% of the 63 cases with an identified index case.

Including the military, there were 7 foreign importations and 5 introductions from another state or Puerto Rico. Five of the 7 foreign importations were from Alberta, Canada, which reported approximately 3,000 cases of measles from November 3, 1978, through February 24, 1979. The 5 outbreaks with sources infected in other states and Puerto Rico accounted for 24 cases or 38.1% of the 63 cases with known index case. However, military personel or dependents were responsible for 19 (79.2%) of these 24 cases.

Surveillance for measles includes telephone follow-up of all patients reported to have measles or rubella and of persons whose serum is sent to the State Laboratory for diagnosis of measles, rubella, or febrile illness associated with rash. On the average, 2 to 3 suspected cases are investigated for every measles case that is found.

(USPS 397 - 390) Vol: 3:5 Month of: MAY

MONTANA MORBIDITY REPORT. Published monthly by the Preventive Health Services Bureau of the Department of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59601. Distributed FREE to physicians, public health nurses, sanitarians, hospital administrators.

	Aseptic Meningitis	Chickenpox	Encephalitis - total	Giardia	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza	Measles	Meningococcal Disease	Mumps	Pertussis	Rabies in Animals	Rubella	Salmonella	Shigella	Strep Infections	Tuberculosis
Beaverhead																		
Big Horn		2			9												17	
Blaine				1	1												25	
Broadwater																		
Carbon																		
Carter																		
Cascade	4	5			35	3	1							1		17	2	
Choteau								25										
Custer		2			1												1	
Daniels		2																
Dawson		3			1													
Deer Lodge						1		7									1	
Fallon																		
Fergus					1													1
Flathead					1	1				1					1			
Gallatin						1								1			21	
Garfield																		
Glacier					5												10	
Golden Valley																		
Granite																		
Hill					4									1			16	
Jefferson										1								
Judith Basin					1													
Lake		28			1			1									13	
Lewis & Clark				5	14	1								2		7		
Liberty				1				5									4	
Lincoln					2									1				
McCone																		
Madison																		
Meagher																		
Mineral		4																
Missoula		4		1	19									1	1			1
Musselshell																		
Park					1													
Petroleum																		
Phillips																		
Pondera																	2	
Powder River																		
Powell																		1
Prairie								4									3	
Ravalli																		
Richland					2													
Roosevelt					8													
Rosebud				1	9													
Sanders																		
Sheridan																		
Silver Bow		1			6			9	1							1	40	
Stillwater																		
Sweet Grass																		
Teton		2															2	
Toole																		
Treasure																		
Valley					1												21	
Wheatland																		
Wibaux																		
Yellowstone		40			18	3	1											
TOTAL THIS MONTH 19	4	93	0	9	140	10	2	51	1	2	0	0	0	7	2	25	178	3
19	0	87	0	NA	174	18	2	72	9	0	126	1	0	2	6	12	200	6
19	0	67	0	NA	122	12	1	100	110	1	4	0	10	4	2	3	340	4
REPORTED TO DATE 19	7	781	3	32	949	91	10	1603	55	6	5	11	4	62	30	80	2253	17
19	2	632	1	NA	1050	146	13	2163	103	2	135	7	2	13	23	50	2311	28
19	1	508	0	NA	889	62	9	779	113	3	7	1	28	12	14	5	2148	22

Other Reportable Diseases: 3 Tularemia-(2)Big Horn, (1)McCone; 1 Q-Fever-Sheridan; 2 Bacterial Meningitis-Yellowstone. DELAYED REPORTS: (April) 1 Hep B-Msla; 1 TB-Fergus; 3 Giardia-Msla. (May) 1 Enceph. Prim.-Park; 4 Hep A-(1)Cascade, (2)Lake, (1)L&C; 1 Measles-Silver Bow; 1 Aseptic Men.-Yellow.; 1 Q Fever-Richland; 1 RMSF-Cascade; 4 TB-(1)Big Horn, (2)Glacier (1)Roosevelt.

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(USPS 397 - 390) Vol: 3:6 Month of: JUNE

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STATEWIDE ROUND-UP

During the month of June, cases of Measles occurred in Silver Bow County. The outbreak started with a 24-year-old housewife and spread directly or indirectly to involve 5 unimmunized children, over 2 - 3 generations. The source was never determined, and serological tests on the nine recent cases confirmed that the illness was measles. The outbreak could have been halted earlier, had the cases been detected or reported earlier. Part of the problem was that the attending physician considered measles in the differential diagnosis but decided that the illness was not measles. We would suggest attempting to obtain acute and convalescent sera on any patient in whom you suspect measles; or, better, yet if you are considering measles, report the suspect case to the local or state health department. Perhaps we know of cases or informatin that would help you make the diagnosis of measles, earlier.

Sporadic cases of Giardiasis continue to be reported from around the state. While we don't know the histories on all the reported cases, some have clearly been related to drinking water from wild sources, while hiking or back packing.

There are two water purification preporations of (tetraglycine hydroperiodide) marketed expressly for campers, hikers, and back packers (and travelers in developing countries). The brand names are: GLOBACINE (Dan Brode Manufacturing Co.) and POTABLE AQUA (Wisconsin Pharmoceutical). These appear to be reasonably available and do not require a physicians' prescription. The concentration produced, per the instructions would be adequate for all bacteria, all studied viruses, and amoebic cysts (and, by anology, for Giardia cysts). Some iodine taste is present, and can be readily disguised with tea or Kool-aid for the squemish.

Shigellosis continues to demonstrate how infectious it really is. While the transmission is slowing down in Cascade County, transmission is increasing in Lewis & Clark County. Shigellosis is chiefly found in small children and the adults and older children who live with them or care for them. There are instances of transmission in day care centers, and two cases of probable nosocomial transmission.

Serious diarrhea in small children must alert the practitioner to the possibility of Shigellosis. Culturing the stool is more efficient than a rectal swab (much more efficient!), and the organism is easy to grow. With or without antibiotics, the clinical source is self-limited, CONVALESCENT CARRIERS SHOULD NOT BE ALLOWED TO RETURN TO DAY CARE FACILITIES UNTIL THE STOOL IS CLEAR OF SHIGELLA, for 2 cultures taken at least 24 hours apart.

MEASLES SEARCH

During August and into September, we will be carrying out an intensive search for measles cases among school children and pre-schoolers. At this writing, Montana appears to be free of measles cases in an infectious state. We would like to be quite sure that Montana has no measles cases when school opens in September. August will also be a good time to remind your patients and clients to bring the children's shots up-to-date.

On June 15, 1979, the Measles Quarantine Rule was published in the Montana Register and became effective. This permits a local or the state health department to quarantine measles cases and susceptible contacts for the infectious period to prevent further transmission. The rule also provides that a school, which has one or more exposed susceptible pupil subsequently vaccinated and returned to school, may be prohibited from interscholastic activities, again to prevent further transmission to other schools and other school districts.

A major way to minimize the effect of such a measles quarantine on the school is to make sure every child has been immunized (or allowed to claim an exemption). Any child without a record will be automatically assumed to be unimmunized and offered a brief opportunity to produce a record, before being quarantined at home.

	Aseptic Meningitis	Chickenpox	Encephalitis - total	Giardia	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza	Measles	Meningococcal Disease	Mumps	Pertussis	Rabies in Animals	Rubella	Salmonella	Shigella	Strep Infections	Tuberculosis
Beaverhead					1													
Big Horn		9			18										1		28	
Blaine					7												19	
Broadwater																		
Carbon																		
Carter																		
Cascade	2	5			22	2									1	2	11	
Choteau								36										
Custer					1													
Daniels														1				
Dawson																	4	
Deer Lodge																	20	
Fallon																		
Fergus																		
Flathead		7			3					1*							2	
Gallatin					3										1		29	
Garfield																		
Glacier					4										1		5	
Golden Valley																		
Granite																		
Hill		1			10												46	
Jefferson																		
Judith Basin																		
Lake		22		2	3	1										5	40	
Lewis & Clark		8			11		1									11		
Liberty					1												3	
Lincoln		3															7	
McCone																		
Madison															1			
Meagher					1													
Mineral					1													
Missoula		9			24	1	1		1			1		1	2			
Musselshell					1													
Park																		
Petroleum																		
Phillips					3													
Pondera					1	1												
Powder River					1													
Powell																		
Prairie																		
Ravalli					1	5									2			
Richland					3													
Roosevelt					3													
Rosebud					4													
Sanders																		
Sheridan																		
Silver Bow		1			4												34	
Stillwater					2			2									3	
Sweet Grass																	14	
Teton																		
Toole																		
Treasure																		
Valley					3													
Wheatland																		
Wibaux																		
Yellowstone					23	1								2		1		
TOTAL THIS MONTH	2	65	0	2	162	11	2	70	1	1	0	1	1	4	9	19	265	0
19 79	0	50	0	NA	173	8	2	21	0	0	1	2	2	4	6	2	203	1
19 78	0	22	0	NA	202	8	6	97	25	0	2	0	5	2	4	0	199	3
REPORTED TO DATE	7	846	3	36	1114	100	12	1675	57	6	10	11	5	65	34	101	2518	22
19 79	2	682	1	NA	1223	154	15	2256	103	2	136	9	4	17	29	52	2514	29
19 78	0	530	0	NA	1091	68	15	876	1157	3	9	1	33	14	18	5	2347	25

Other Reportable Diseases: 1 Amebiasis - Silver Bow; 1 Malaria - Flathead; 1 Bacterial Men. - Custer; 1 Rheumatic Fever - Missoula; 1 Rocky Mtn. Spotted Fever - Flathead; 2 Tularemia - Big Horn; 1 Psittacosis - Missoula DELAYED: Mar: 1 TB-Rosebud; Apr: 1 Rubella-Missoula; May: 1 TB-DeerLodge 1 Tularemia-Big Horn; June: 1 Hep A-Gallatin; 1 Rubeola-Cascade; 2 CTF-(1)Yellowstone, (1)Gallatin.

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(USPS 397 - 390) Vol: 3:7 Month of: JULY

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MONTANA MORBIDITY REPORT

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MEASLES: Only 1 case of Measles was reported in July: This Missoula County resident was a contact of one of the Silver Bow County cases.

No cases of measles have been reported since early July, up to this time (August 15). At this time there are not even suspect cases under investigation. Montana may well start the school year free of measles!

TULAREMIA: An outbreak of tularemia, in Big Horn County, mostly on the Crow Reservation, occurred in June and July. Although efforts at case detection are still in progress, there are approximately 12 patients with clinically compatible illnesses and elevated convalescent antibody titers (or paired sera showing a four-fold or greater rise in titer). Many of the cases were in children, who resided in different parts of the county. No evidence of a common source exposure was found. The cases occurred over a period of time extending from the last week of May through the first week of July.

The most likely source of exposure appears to have been ticks, although deer-fly transmission cannot be ruled out. Direct contact with infected animal tissue and water-borne transmission appear to be very unlikely. Many patients reported tick attachments prior to the onset of illness, many of the dogs were reported to have attacked ticks, and the cases tended to occur during the period of time when tick populations (in Montana) are most abundant and most active.

In addition, 10 of 11 dogs whose sera has been tested have antibody titers ranging from 1:60 to 1:640 against F. tularemia. Cultures of ticks from 5 dogs associated with 3 cases have yielded F. tularemia.

Editorial Note: The above preliminary information is by personal communication from the investigators of the Center for Disease Control who conducted most of the invironmental investigations in cooperation with the Billings Area Office, Indian Health Service, and the Crow Agency Service Unit Staff. Further laboratory testing and case finding activities are pending completion.

The evidence for tick-borne transmission seems at this time rather convincing; such transmission may be facilitated by the presence of household dogs, or contact with dogs. Whether this year's experience is unusual, or constitutes a significant increase over expected incidence, cannot be satisfactorily answered at this time. Whether the same conditions, if this is an unusual occurrence, existed or could exist elsewhere in Montana, is also unknown. Further studies are under discussion.

TUBERCULOSIS: For the first 6 months of 1979, a total of 19 cases of tuberculosis have been reported, as compared to 28 cases for the first half of 1978, and 22 cases for the first half of 1977. Five cases (or 25.3%) were under 25 years of age, and 5 were 65 years of age or older. Thirteen had pulmonary tuberculosis and seven had only extra-pulmonary manifestations. Sixteen had positive cultures, two had unknown status, and one had negative cultures. Only one case was diagnosed at autopsy.

Of the 15 cases with identifiable contacts, all 185 contacts were examined (100%). Three cases were found, i.e., infected with disease. Fifty-eight persons were found infected without disease, and 122 were found not infected.

Of the 64 cases in the register, 61 (95%) recommended to be on chemotherapy, actually were taking medication as recommended. However, only 49 (77%) had had a medical review (by a physician, either in person or by chart review) in the previous 3 months. AND only 26 of 62 patients (42%) who had a bacteriologic culture recommended by the physician, actually had the culture performed; in other words, 36 patients had unknown bacterial status.

COMMENT: The progressively decreasing number of cases reflect continual, cooperative activity of physicians and community health nurses. While nearly all patients were on chemotherapy - a triumph of follow-up - too few had adequate medical or bacteriologic review. While a patient who is doing well, tends not to be cultured or reviewed, these statistics should, none-the-less, remind us all of the need for repeated attention to patient care. If a patient doesn't need another culture, don't recomment it.

SEPT. 1979

	Aseptic Meningitis	Chickenpox	Encephalitis - tota	Giardia	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza	Measles	Meningococcal Disease	Mumps	Perrussis	Rabies in Animals	Rubella	Salmonella	Shigella	Strep Infections	Tuberculosis
Beaverhead					1													
Big Horn		2			12												18	
Blaine					1												30	
Broadwater																		
Carbon																		
Carter		2																
Cascade		4			36	2				1					1	2	21	
Choteau								20										
Custer					5													
Daniels																		
Dawson					1												4	
Deer Lodge		3						57							1		13	
Fallon																		
Fergus					1	1											1	
Flathead		2			7										1			
Gallatin		1			4												54	
Garfield																		
Glacier					19	2				1						2	60	
Golden Valley																		
Granite																		
Hill	2			2	6					2							23	
Jefferson																		
Judith Basin																		
Lake		17		1	5			4									15	
Lewis & Clark				1	19	1						1					1	
Liberty																	5	
Lincoln		1																
McCone																		
Madison																		
Meagher				1														
Mineral																		
Missoula		1		1	38	1									1		2	
Musselshell																	2	
Park					2													
Petroleum																		
Phillips					1													
Pondera					1												5	
Powder River																		
Powell																		
Prairie				1														
Ravalli						1												
Richland					3													
Roosevelt					2													
Rosebud		6			9													
Sanders		5															8	
Sheridan																		
Silver Bow					4			7							1		20	
Stillwater					1			2										
Sweet Grass																		
Teton																	9	
Toole																		
Treasure																		
Valley				1	3												8	
Wheatland																		
Wibaux																		
Yellowstone	1				21	4									3	2		
TOTAL THIS MONTH	3	44	0	8	202	12	0	90	0	4	0	1	0	0	8	6	299	0
1979																		
1978	3	5	5	NA	178	12	5	118	0	0	0	1	1	1	1	27	151	1
1977	0	24	0	NA	214	23	4	93	6	1	0	0	12	0	8	1	262	4
REPORTED TO DATE																		
1979	20	912	4	49	1540	118	12	1835	58	16	10	13	5	65	56	111	2980	23
1978	25	705	9	NA	1616	199	25	2413	106	3	141	11	12	18	31	103	2870	41
1977	3	567	2	NA	1563	113	15	1008	1071	3	7	7	45	12	24	8	2853	37

Other Reportable Diseases: 1 Rheum. Fever - Lincoln; 1 Tularemia - Missoula; 2 Sec. Syph.(1) Lewis and Clark, (1) Teton.

DELAYED: JUNE: 3 CTF - 1 Gallatin, 1 Park, 1 Yellowstone. 1 RMSF - Chouteau.
JULY: 1 Brucellosis - Yellowstone. 1 Tularemia - Big Horn.
AUGUST: 2 Shigella - 1 Dawson, 1 Flathead. 2 TB - 1 Blaine, 1 Dawson.

MONTHLY REPORT FOR SEPTEMBER, 1979

MEASLES: As of October 15, no cases of measles have been reported or confirmed since early July. That one July case, in a Missoula County resident, was a contact of a previous Missoula County case, not Silver Bow as erroneously reported in August.

Between 20 and 25 suspect measles cases have been investigated since the accelerated measles search activities begun on August 1, 1979.

We continue to urge everyone who sees a possible or suspected measles case to report the suspect to the County or State Health Department - preferably immediately, by telephone. DO NOT WAIT FOR LABORATORY CONFIRMATION - WAITING WILL LEAD TO MORE CASES.

INFLUENZA: There have been no reports of increased influenza activities anywhere in the state, according to the several influenza activity reporting sources. Various elementary school systems (absenteeism), hospital emergency rooms, doctors' offices, and the State virus laboratory are all included in the 1979-1980 Influenza Surveillance System.

Any physician or health department wishing to culture patients for influenza virus, for recognition of the first virus strain to occur in Montana this year, are encouraged to request proper "virus kits" from the State Microbiology Laboratory, Cogswell Building, Helena, Mt. 59601 (Tel: AC 406 - 449-2642).

Influenza vaccine for the 1979-1980 season is available to health departments and practicing physicians upon request, without charge, but with several stipulations; including the need for tallies, not charging patients for the vaccine, and administering the vaccine only to high-risk patients. For futher information, please call Richard L. Crankshaw, Influenza Immunization Project Coordinator, Preventive Health Services Bureau, Montana Department of Health and Environmental Sciences, Helena, Mt. 59601 (Tel. AC 406 - 449-2645.).

VIRAL ENCEPHALITIS SURVEILLANCE - 1979: Surveillance for mosquito-borne encephalitis (Western Equine Encephalitis) during July through September revealed no unusual activity. No cases of human illness have been confirmed as WEE. A total of 24 cases were reported as confirmed, as compared to 133 cases in the 1975 epidemic season.

The population of Culex Tarsalis mosquitos appears to have been no different from usual, except for a probable increase in numbers or activity in the areas of eastern Sanders and southern Lake Counties. Eastern Montana, especially the Yellowstone Valley, showed, if anything, somewhat lower degrees of activity.

In contrast, several types (of entero virus) have been isolated from 10 patients with aseptic meningitis, representing several areas of the state. Eight isolates have been confirmed as ECHO viruses, Type 7, 11, 17 or 25. Two isolates have not yet been fully identified, but appear to be ECHO viruses. Anecdotally, a number of cases of aseptic meningitis, or encephalitis-like illnesses occured in many parts of Montana. Most of these appear to have been enteroviral in origin, but laboratory confirmation was not available or not attempted. All patients we heard about recovered satisfactorily, and there were no encephalitis deaths reported.

STAFF CHANGES: Ms. Char Knaub, RN, is taking a year's leave of absence to do public health nursing in southeast Asia with the International Rescue Mission, Inc. We wish her safety and success in her endeavor. In the next month or two, questions on tuberculosis control or the surveillance/disease control activities should be directed to Dr. Skinner, until a new person is hired to coordinate these activities.

David Bean joined the staff in late August as the coordinator of the Venereal Disease Control program. All questions and reports on venereal disease and control should now be directed to Mr. Bean.

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OCTOBER 1979

	Aseptic Meningitis	Chickenpox	Encephalitis - tota	Giardia	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza	Measles	Meningococcal Disease	Mumps	Pertussis	Rabies in Animals	Rubella	Salmonella	Shigella	Strep Infections	Tuberculosis
Beaverhead					1													
Big Horn		1			12	2											13	
Plaine		23			4			2		1							33	1
Broadwater																		
Carbon					3													
Carter																		
Cascade		2			33	2											7	
Choteau					1			30										
Custer					3												11	
Daniels																		
Dawson					1												4	1
Deer Lodge								22									2	
Fallon																		
Fergus																		
Flathead					6													1
Gallatin		1			11										1		59	
Garfield																		
Glacier					8	5		20							3		34	
Golden Valley					1													
Granite																		
Hill					10													
Jefferson																		
Judith Basin																		
Lake		16		2				14									23	
Lewis & Clark		6			8			1							1		3	
Liberty																		
Lincoln																		
McCone					1	1												
Madison																		
Meagher					1													
Mineral									1									
Missoula		15			31												7	
Musselshell																	2	
Park					2													
Petroleum																		
Phillips																		
Pondera					1	2											3	
Powder River								1										
Powell								2									55	
Prairie																		
Ravalli				2	4										1			
Richland						4												
Roosevelt					4													
Rosebud					7			25										
Sanders															1			
Sheridan																		
Silver Bow					8			8									26	
Stillwater														1				
Sweet Grass																		
Teton																		
Toole																		
Treasure																		
Valley					6												13	
Wheatland					1													
Wibaux																		
Yellowstone					32	4									2	2		
TOTAL THIS MONTH	0	64	0	4	200	20	0	125	1	1	0	0	0	1	9	2	295	3
19 79																		
19 78	1	12	0	NA	213	2	0	70	0	0	0	0	7	0	3	5	252	2
19 77	1	62	1	NA	229	18	5	126	0	2	2	1	0	2	2	1	479	9
REPORTED TO DATE																		**
19 79	30	975	6	58	1740	142	14	1960	56	11	10	13	8	66	66	113	3275	33
19 78	28	724	9	NA	1876	204	28	3060	106	4	145	11	19	18	34	112	3199	49
19 77	4	629	3	NA	1795	136	22	1134	1167	5	12	2	45	16	30	8	3321	46

Other Reportable Diseases: 1 Amebiasis - Silver Bow.

Delayed Reports: JUNE: 1 Inf. Hepatitis - Toole
JULY: 3 Rabies in Animals - 1 Fallon, 1 Ravalli, 1 Sheridan. 1 Salmonella - Cascade. SEPTEMBER: 1 Encephalitis - Rosebud. 2 Inf. Hepatitis - 1 Cascade, 1 Ravalli. 1 Ser. Hepatitis - Yellowstone. 1 Bac. Meningitis - Cascade. 2 Measles - 1 Mineral, 1 Missoula. 1 Tuberculosis - Jefferson. **Tuberc. to date in Sept. should have been 29.

MEASLES: No measles cases were confirmed in Montana during the last three weeks of October. The last known cases of measles occurred between September 20 and October 12, 1979. Three preschoolers were diagnosed in Mineral and Missoula Counties (the Missoula County case lives at the Mineral County border). Two of the cases appeared to have a common source, who could not be identified. The only known spread identified was a cousin of the second case. None of the three preschoolers had been immunized, although two of them had reached the appropriate age for receiving the vaccine.

Many reports of febrile rash illnesses continue to come to the attention of the Preventive Health Services Bureau. We are thankful for the high index of suspicion for measles among physicians and nurses throughout the state. While we do not wish to discourage the diligent reporting of such illnesses, we would like to suggest that the following clinical criteria be utilized for considering a report of "suspect measles" (rubeola):

1. Fever of 101° or greater (fever is usually highest at time of rash onset).
2. Cough, coryza, or conjunctivitis.
3. Measles-like rash, lasting three or more days (report if rash has just started and other criteria apply).
4. Fever and cold symptoms must first occur before the rash begins.

We would encourage early reports, by telephone, of all suspect measles cases. Serologic confirmation is desirable, but reporting should be based on clinical considerations.

NOTE: WAITING LEADS TO MORE CASES!

The United States and its territories reported 232 cases of measles for the 3-week period ending October 20, 1979, as compared to 456 cases reported for the same period in 1978. The cumulative total of reported measles for the first 42 weeks of 1979 is 12,827, compared to 25,461 for the same period in 1978 (a 49.6% decrease). Keep up the good work!

A WORD ABOUT STOOL SAMPLES: The Microbiology Laboratory continually receives stool specimens for parasitic exams, as well as for bacterial pathogens. Shigellosis cases continue to occur sporadically and in clusters, and many of the South-East Asian refugees are being screened for parasitic infestations. A few problems in the collection of specimens for examination have come to our attention.

First, for Shigella, Salmonella, and most bacterial or viral agents, a stool sample is preferable to a rectal swab, chiefly because the laboratory has more material to work with and thus, the sensitivity of recovery of the organism is much improved. Two advantages of a rectal swab, however, are that you can be sure of the source of the culture, and that you can collect a specimen almost any time, at your convenience.

But, and this is the second problem - a stool specimen may not always have come from the patient named on the label! And stool specimens are necessary for a parasitic exam.

For the Indo-Chinese people, it is important that they clearly understand exactly what is needed and why; the translator must be informed of this requirement, and be prepared to take the time necessary to explain it to them in detail.

Even then, you may still have toddlers supplying specimens for the older members of the household!

INFLUENZA: There was no evidence of increased activity of influenza anywhere in the state during October, either by case counts, laboratory specimens received, school absenteeism, or health department reports.

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DECEMBER 1979

	Aseptic Meningitis	Chickenpox	Encephalitis - tota	Giardia	Gonorrhea	Hepatitis Infectious	Hepatitis Serum	Influenza	Measles	Meningococcal Disease	Mumps	Pertussis	Rabies in Animals	Rubella	Salmonella	Shigella	Strep Infections	Tuberculosis
Beaverhead					1													
Big Horn					7	1											34	
Plaine					7	1											59	
Broadwater																		
Carbon					2	1												
Carter																		
Cascade		18			33	1	1								1	2	30	
Choteau								65										
Custer		25			6												31	
Daniels		3																
Dawson		5															4	
Deer Lodge		3			1			43									26	
Fallon																		
Fergus					1													
Flathead					4					1	1							
Gallatin		4			7										1		112	
Garfield																		
Glacier					8	4									1		115	
Golden Valley																		
Granite																		
Hill		3			4	2		10									16	1
Jefferson																	4	
Judith Basin																		
Lake		27		2	6			68						2			41	
Lewis & Clark		1		1	4												1	
Liberty								4									9	
Lincoln															1		15	
McCone																		
Madison																		
Meagher					1													
Mineral		5																
Missoula	1	8			21	1				1							7	
Musselshell					1													
Park																		
Petroleum																		
Phillips					1													
Pondera						1		16									6	
Powder River								11									4	
Powell																	33	
Prairie																		
Ravalli					2												11	
Richland					4													1
Roosevelt				1	3													
Rosebud					6											16	1	
Sanders		13						7									12	
Sheridan																		
Silver Bow					8			4									64	
Stillwater																		
Sweet Grass																		
Teton					3													
Toole					1													
Treasure																		
Valley					1												21	
Wheatland																		
Wibaux																		
Yellowstone	1				31	1									1	3	1	
TOTAL THIS MONTH	2	115	0	4	174	13	1	228	0	2	1	0	0	2	5	21	657	2
1979																		
1978	4	78	0	N/A	177	32	1	58	4	0	1	11	0	4	3	4	366	0
1977	0	79	0	N/A	168	32	5	107	7	2	2	1	0	0	1	13	516	0
REPORTED TO DATE																		
1979	33	1164	8	62	2086	164	18	2421	56	15	14	13	8	73	74	44	4536	38
1978	32	867	9	N/A	2201	242	28	2740	108	7	148	22	12	19	43	28	3992	58
1977	4	814	3	N/A	2167	191	29	1383	177	8	15	3	45	17	40	38	4461	53

Other Reportable Diseases: 2 Bact. Meningitis - 1 Big Horn, 1 Lake

1 Tularemia - Lake

Delayed Report: 1 Bact. Meningitis - Cascade

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DECEMBER 1979 REPORT

WHOOPING COUGH

We have been collecting reports of Whooping Cough (or Pertussis) for a number of years, and watching the annual incidence of reported Whooping Cough cases decline as immunization levels have improved. However, from the low of two reported cases in 1977, Montana had nine cases reported in 1978, and has 13 cases reported so far in 1979. Therefore, a review of Whooping Cough is needed to explain the apparent increase of cases at a time when immunization levels are continually increasing.

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Year Period	Number	Rate Per 100,000	Population
1955 - 1959	2,072	795.7	260,408
1960 - 1964	909	349.1	260,408
1965 - 1969	313	123.7	253,125
1970 - 1974	119	47.0	253,125
1975 - 1979*	47	18.6	253,125

*Tentative

The reported incidence in Montana demonstrates a dramatic decline over the past 25 years, more marked in the past five to ten years. A combination of factors is undoubtedly responsible. Although immunization still would be the major reason, other factors such as improved medical care and socio-economic conditions (family size, housing, etc.) would have influence.

This air-borne infection is transmitted more readily with crowding, intimacy, and frequency of contact between the contagious person and susceptibles. In the pre-vaccine era, secondary attack rates were often 70 to 80 per cent of the exposed "susceptibles"; this rather high "contagiousness" possibly reflects crowding as much as lack of vaccine.

Clinical Illness

The classic descriptions of Pertussis note: the 7 - 10 day incubation period; the 7 - 14 day catarrhal stage, characterized by malaise, anorexia, rhinorrhea, sneezing, lacrimation and conjunctivitis with or without an associated low-grade fever; the paroxysmal stage with the series of coughs, followed by a characteristic whoop; and the convalescent stage, usually beginning with a reduction in frequency and severity of the paroxysms, usually within a month after onset, and lasting three to four weeks.

The inspiratory whoop is most prominent in toddlers over a year of age. The partially immune or immunized child may have a non-paroxysmal cough, and a shorter illness. Other older children will have respiratory symptoms from rhinorrhea (apparently unusual) to persistent bronchitis. A true carrier state (asymptomatic) appears to be quite rare. It is unclear as to what role the unusual illness in older children and adults may play in the transmission to infants and children.

Bacteriology

The State Microbiology Laboratory now has new, improved media for the culture of B. Pertussis, with a shelf life of eight weeks. Limited quantities are readily available by writing the laboratory, Cogswell Building, Helena, MT. 59601, or calling (406) 449-2642. Please ask for Bordatello Transparent Medea. Instructions are included.

MAILING LIST: We are in the process of revising our mailing list. If you know of someone who would like to receive this bulletin; or if you do not wish to continue receiving it, please tell us. If we do not hear from you, your name will remain on the mailing list.

What happened to November? If you didn't get your November bulletin, it's only because there wasn't any. We're missing a few staff members, and the ones here are trying to fill in - we just ran out of time.

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